CITY OF BLYTHE DEPARTMENT OF BUILDING AND SAFETY APPLICATION WORKSHEET

VALUATION ON UNIT: \$____

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☐ Site ☐ Per ☐ Tie ☐ Wit	Downs hin a Molacemer	Foundation obile Home Par nt		. are to be app	olied for on a separate application)					
			Date:	· ·	Log#:					
Job Sit	e Addre	ss:								
Zone:		Township:	Range:	Section:	APN#:					
Property Owner's Name:										
Mailing Address:										
		·			Phone#:					
Contrac	tor Info	rmation - Nam	e :							
Mailing Address:										
State Li	c#:			Phone#:						
Date of N	/lanufac	ture of Mobile		Length Width						
Manufac	urer			Model						
State Insi	gnia or i	HUD #: A-Uni	t B-i	Unit C-Unit						
Serial Nu	mber									
		Earthqua	ke Resistant Bra	cing System I	nformation					
Manufact	urer's N	ame:		_ CA ERBS Cert. #:						
				Model #:						
Number o	f bracin	o devices (or s	ets) to be installe	d for each unit						